

**City Court of Lockport  
Municipal Building - One Locks Plaza  
Lockport, New York 14094  
(716) 439-6660 ext. 502**

**Filing hours: 8:30 a.m. - 4:30 p.m.**

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**SMALL CLAIMS APPLICATION**

Please note the following requirements before you file:

- \*Defendant must reside or have a place of business in Niagara County
- \*Filing fee is \$15.00 for claims \$1,000.00 and under; \$20.00 for claims \$1,001.00 - \$5,000.00
- \*Cash, money orders or Visa, Discover and Mastercard credit cards; **personal checks are not accepted**
- \*Your claims may not exceed \$5,000.00

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\*\*\*\*\*

**PLEASE PRINT**

TODAY'S DATE: \_\_\_\_\_

YOUR NAME (PERSON SUING): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**AGAINST**

Name(s) and home address(es) or place of employment or business you wish to sue:

Name (1) \_\_\_\_\_

Address (1) \_\_\_\_\_

Name (2) \_\_\_\_\_

Address (2) \_\_\_\_\_

**AMOUNT OF CLAIM \$ \_\_\_\_\_ (DO NOT INCLUDE FILING FEES)**

**NATURE OF CLAIM (GIVE BRIEF DESCRIPTION OF REASON YOU ARE SUING):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE RECEIVED A COPY OF THE  
SMALL CLAIMS GUIDE.

\_\_\_\_\_ PLEASE INITIAL LINE

\_\_\_\_\_  
APPLICANT'S SIGNATURE